

GED TESTING SERVICE
of the American Council on Education
One Dupont Circle, NW
Washington, DC 20036-1163
(202) 939-9490 FAX (202) 775-8578

TESTING CENTER STAFF APPOINTMENT

Date:

To: Client Services Staff

I recommend that

☐ Mrs.☐ Ms.☐ Mr.☐ Dr.

_____ be authorized to
serve as (check one):

☐

Chief Examiner/TCO

☐

Alternate Examiner/ALTCO

at the following GED Testing Center:

CENTER ID NUMBER

CENTER NAME

ADDRESS

CITY

STATE/PROVINCE/TERRITORY

ZIP/POSTAL CODE

TELEPHONE NUMBER

FAX NUMBER

Reason for requesting authorization:

☐

The candidate is replacing

☐

The candidate is an addition to the current staff.

☐

Initial appointment.

The candidate meets or exceeds the qualifications necessary to perform the duties as outlined under Section 4.2 of the 2000 GED Examiner's Manual.

☐

Holds college degree OR

☐

If Alternate, equivalent background (specify the equivalent in writing).

☐

Is not involved in instruction or preparation for the GED Tests.

In service training of the new staff member has been ☐ scheduled ☐ completed.

TRAINING DATE

NAME OF TRAINER

The appointment has been approved by this office.

GED Administrator

state/province/territory